

## ARTICLE III.

## FRAGMENTS ON INSANITY.

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I. *Effects of Music in Insanity, Illustrated.*

SHELLEY, the great poet, in his "Julian and Maddalo," gives the following description of the effects of music upon the insane. The scene described occurred in the mad-house at Venice, at the time under the old system of treatment :

"As thus I spoke,  
 Servants announced the gondola, and we  
 Through the fast-falling rain and high-wrought sea  
 Sail'd to the island where the mad-house stands.  
 We disembark'd. The clap of tortured hands,  
 Fierce yells, and howlings, and lamentings keen,  
 And laughter where complaints had merrier been,  
 Accosted us. We climb'd the oozy stairs  
 Into an old court-yard. I heard on high,  
 Then, fragments of most touching melody,  
 But looking up saw not the singer there.—  
 Through the black bars in the tempestuous air  
 I saw, like weeds on a wreck'd palace growing,  
 Long tangled locks flung wildly forth and flowing,  
 Of those who on a sudden were beguiled  
 Into strange silence, and look'd forth and smiled,  
 Hearing sweet sounds. Then I:—

'Methinks there were

A cure of these with patience and kind care,  
 If music can thus move. . . . .  
 And those are his sweet strains which charm the weight  
 From madman's chains, and make this hell appear  
 A heaven of sacred silence, hush'd to hear. . . . .

His melody

Is interrupted now; we hear the din  
 Of madmen, shriek on shriek, again begin.'"

He then visits the musician, who had been charitably presented with an instrument by one of the characters in the poem.

## II. *Hereditary Insanity.*

I give the hereditary cases below, as exhibiting in a measure, two qualities with reference to this characteristic : first, the capacity of cases possessing it to recover ; and secondly, that if they prove to be incurable, the fact that many such lunatics are as comfortable as other maniacs not possessing this feature. I have only mentioned the insane relatives of a patient, whom by information obtained from different sources, I knew to be thus afflicted ; and as much has been unknown respecting some patients, there may have been other relatives deranged besides those particularized.

*Case I.*—A male patient. The disease is strongly hereditary ; his mother and a sister died in the Asylum ; he is demented ; his mind is very much weakened, but is still capable of some exercise ; he is in the worst division of patients ; he is usually quiet, but sometimes shows excitement in an incoherent babble, and by walking rapidly backwards and forwards ; he is not a very cleanly patient. He was received in 1832.

*Case II.*—A male patient. He has a sister deranged, and his family are, as a general thing, weak-minded persons ; he was received in 1825 ; from the date of his reception he continued perfectly silent for a year or two ; he now rarely says any thing unless spoken to, but shows little or no derangement in his conversation ; he has some few eccentric habits ; he is always perfectly quiet, and perhaps might be discharged with propriety, but expresses no desire for this step at any time, a sort of moral insanity being, as it were, constituted by this apathy.

*Case III.*—A male patient. A father, sister, and three other relatives in his immediate family have been insane. He had been deranged for twelve or fourteen years before

his reception into the Asylum; he was demented, but very active and industrious during the greater part of his stay in the institution. He died of a complication of disease.

*Case IV.*—A female patient. She has a niece now in the Asylum. Her mind is quite incoherent in conversation, and she has a set of strongly delusive ideas to which there seems a tendency to recur when speaking, but she never speaks of them unless addressed. Although exhibiting this incoherence of ideas, she is yet a most elegant seamstress, extremely neat in her room and person, very industrious, and always as well behaved as any sane individual. To give an example of her singular incoherence: when making for instance an apron, she will say on being questioned as to her work, that she is making a *gooseberry bush*.

*Case V.*—A female patient. She had a sister who died in a state of acute mania. She was discharged as recovered, after remaining in the Asylum six years; this has been three years ago.

*Case VI.*—A female patient. She married a cousin; he has been deranged, but is now well; she was received as a patient three years after the disease had commenced. She has alternations of maniacal excitement lasting for a few months, and she then becomes hypochondriacal for a much longer period, fancying that she is sick, and becoming very torpid—these two things constituting almost every apparent morbid symptom. In this latter condition, she is very industrious. Her last maniacal paroxysm was much less severe.

*Case VII.*—Her father became insane, was sent to the Asylum and recovered; a sister was also insane. She is nearly at all times industrious and calm.

*Case VIII.*—A male patient. The disease is hereditary in his mother's family; she was deranged; his eldest brother died of insanity; and his next brother had it alternately with pulmonary consumption, finally dying of the pectoral com-

plaints. He is of the melancholic temperament, and his disease has rather assumed a corresponding cast, but there have been alternations of maniacal excitement; the mental powers have been very little enfeebled. For three years, whilst boarding at a tavern, he remained perfectly silent, and took little notice of any thing, insomuch that when the "Siamese Twins," who passed through his country, came into the porch where he was, he did not appear to take the slightest notice of them.

*Case IX.*—A male patient. A sister had an attack of insanity and recovered. He is said to have been always of weak intellect, and there is a decided apparent deficiency in the anterior lobes of the cerebrum; to this the mental symptoms correspond, for his general deportment and language are those of idiocy of a higher grade; but he has delusions, and can read. Were it not for the last mentioned circumstance, and the testimony, he would certainly be taken for an idiot, or a person very imbecile naturally. He is sometimes slightly combative, but in general works and is quiet.

*Case X.*—A male patient. Has two or three insane cousins. He had labored under excessive lypemania two or three years before his admission, and this continued up to the time of his death; he was of course very miserable.

*Case XI.*—A male patient. His father, a brother, and an uncle have been deranged; a case of mania; he was restored and discharged at two months from the time of his reception; this was the second attack, and both originated from exposure to a hot sun.

*Case XII.*—A male patient. His father and two of his sons have been insane; he had experienced a former attack of derangement, and had always been eccentric. His principal insane idea at the date of his reception, was, that he was the Holy Ghost; but he was much excited, and had other delusions. He was restored in three months.

*Case XIII.*—A female patient. She had had a brother

and a sister in the Asylum. There have been several suicides in her family, occurring either in lunatics or eccentric persons. She usually fluctuated between a state of exaltation and one of depression; getting into fits of excessive passion, or being exceedingly quiet and speaking in a whisper; the disease had existed 24 years before the date of her reception; she was rather a disagreeable patient, though at times she was almost wholly rational. She died of erysipelas, the disease attacking the head and face.

*Case XIV.*—A female patient. Her father was deranged and died in the Asylum. The disease had existed for five years before her reception. She was exceedingly neat in her person, and indeed in every other respect. When work was given her, it was executed with great elegance. She was usually quite silent, and the mental disease was melancholia; her temper was quick, and at times she would be very angry for trivial things. She died of consumption, and grew milder towards the time of her death.

*Case XV.*—A female patient. There have been several suicides and cases of derangement in her family, and she had a cousin in the institution at the same time with herself. The mental disease at first assumed the melancholic cast, and she then became maniacal, approaching to what I would denominate *mania without delirium*; her bodily health was very bad; she was under treatment in the institution for three months. Both her mental and physical health were entirely restored, and there was not left the slightest trace of disease.

*Case XVI.*—A female patient. Her mother destroyed herself by cutting her throat, whilst in a state of insanity. Her disease is melancholia; she has been in the institution several years, and every five or six months a decided change for the better has become apparent; she now almost performs the duties of an assistant officer, being exceedingly useful, and apart from her insanity, judged merely as an individual, has very much improved in her manners, &c. There are still traces of mental disease left, but they seem

gradually vanishing. She was for the first two years of her stay, quite suicidally inclined.

*Case XVII.*—A colored female. Her father and an aunt have been deranged; a case of moral insanity tending to mania without delirium; she was excessively abusive and very wild in her conduct until within a month or two of her discharge; she was inclined to strike, and was very uncleanly; she was kept constantly occupied in spite of all difficulties, and recovered entirely after being in the institution thirteen months.

*Case XVIII.*—A female patient. Her mother died in the institution; she has a brother (*Case I.*) now an inmate. A most wretched case when brought to the Asylum; her nervousness was so excessive that she could not walk at all; she was very much emaciated; she could scarcely speak, and then only an incoherent babble; she was usually excited; she died, after wasting away gradually.

*Case XIX.*—A female patient. She had an uncle who hung himself; a case of moral insanity, though not of the abusive sort; she recovered in three months. She has now been discharged two years, and is engaged in the manufacturing business, which she followed at the time her derangement came on.

*Case XX.*—A female patient. Her eldest son and an uncle have been deranged. At the time of her reception she had been insane for four years; she was epileptic, and every sense appeared considerably diminished in intensity; she would for instance after asking for milk, if the experiment was tried of giving her water, drink the latter with the supposition that it was the former. She died within a year subsequent to the date of her reception.

*Case XXI.*—A female patient. Her sister was deranged for eighteen months. At the date of her reception, she had been deranged for three years. She is a quiet patient, her disease being monomania, and now verging towards dementia.

*Case XXII.*—Her father and a sister have been insane. On her reception, the symptoms of disease were those of melancholia bordering on dementia. She had apparently recovered entirely after three months time. But then, probably from circumstances, she was attacked by a totally different form of mental disease from the first, being now moral insanity. She is almost perfectly rational, but experiences great fluctuation in her spirits, and her feelings are certainly in a morbid condition. She is now improving, is in the best department of patients, and exercises her intellectual faculties a great deal.

*Case XXIII.*—A male patient. His father and brother have both been deranged. He appears to become insane at periods of five years. He recovered in three months.

*Case XXIV.*—He has had two insane cousins, one being in the Asylum at the same time with himself. He has experienced two attacks of insanity, in both of which he was brought to the Asylum and recovered. In the first, he exhibited the most intense insane fear, and was excessively pale and in constant motion, when received. He recovered within three months, subsequent to a severe attack of erysipelas ædematodes—attacking the head, and suppurating very largely. In the second attack, the symptoms assimilated idiocy of a low form; he recovered in five months and a half, subsequent to one or two chills and an accidental salivation.

*Case XXV.*—A male patient. He had a brother deranged. The mental derangement was rather a portion of the general nervous disease than any distinct affection; he labored under universal tremor, obstructing locomotion and speech. He gradually wasted away until death.

*Case XXVI.*—A male patient. He has a sister slightly deranged; his disease had existed 21 years before his reception as a patient. Although somewhat lame, he is a very useful patient; he is demented, but the derangement assumes a very singular form, he thinking himself an emperor, and calling every one he meets by some title.

*Case XXVII.*—A male patient. His mother and a sister died in a state of derangement, and he has had two brothers in the same condition. He has experienced several attacks of insanity; his present one consists chiefly in an exaltation of the feeling of self-esteem.

*Case XXVIII.*—A male patient. He has two brothers insane; had experienced an attack previous to the one under which he was laboring at the date of his reception. The latter was primarily characterized by excessive self-exaltation; from being naturally very quiet and amiable, he became very wild and turbulent, drank to excess, and spent his money very profusely. On entering the Asylum, this condition passed away and was succeeded by a depression growing deeper, until he became strongly inclined to suicide, tearful, &c. He was very useful as a clerk whilst in the Asylum, and was discharged apparently convalescent, six months from the date of his reception.

*Case XXIX.*—A male patient. He had an uncle in the Asylum, who got well enough to return home, living there twenty years afterwards; he also has had two cousins insane; a distant relative in a state of insanity from drunkenness, killed his own mother and a negro woman. His derangement is especially on two or three subjects; he is a *hallucine*; his mental powers are tolerably good, and he works very well.

*Case XXX.*—A female patient. Her mother and father were cousins; the latter became deranged and destroyed himself by jumping out of a window; this sad event deranged her mother, but she afterwards recovered. This patient whilst at home was strongly bent on suicide, attempting it in various modes, such as cutting her throat, drowning, &c. Since her entrance into the institution, which occurred a few weeks ago, she has made no attempt. She has little or no tendency to delusion, being simply melancholy; she is kept occupied, and is apparently recovering.

The thirty cases detailed above, were taken from 208,



the number in the institution during the space of three years. There are a good many others amongst these, in whom the hereditary taint can be traced; but I selected those here mentioned as possessing more accurate information respecting them.

### III. *Items of Treatment.*

1. "If those who are exposed to any of the exciting causes of cerebral disease, or of insanity, put themselves on their guard to secure regular sound sleep, they will do much to ward off an attack. The moment the cause begins to excite sleeplessness by night, and restlessness by day, with an involuntary propension of the mind in one direction, at first perceptible perhaps only to the patient himself, it is time to take alarm, and if possible, remove or counteract its agency. If it is excessive application to business, continued anxiety of mind, or excess of study, that is keeping up the activity of the brain, and placing it on the verge of disease, this may often be prevented by timely relaxation, or removal from the scene of anxiety, and particularly by carrying off much of the nervous energy in abundant muscular exercise often repeated, and by rigidly abstaining from mental exertion *at night*, and thereby allowing the brain to fall into that state of quiescence most favorable for repose. I have seen some striking instances of the efficacy of this plan in restoring tranquility of mind, when on the very verge of derangement. The excitement of company and of tea, sometimes resorted to in such instances, may, if carried to any length, only add fresh fuel to the flame, and stimulate the brain beyond recovery; but the society of those whose feelings and pursuits are calculated to soothe those most excited in the patient, and to call others into action, is very beneficial."—*Andrew Combe.*

These remarks are indeed most admirable: each one of them meets an indication pointed out by Nature herself, in the most clear and indubitable manner. As a suitable accompaniment, we add extracts from Neville and Winslow, relative to the hygienic and physical preventive treatment.

“It is in these cases, too, that one or other of those invaluable and recent adjuncts to our pharmacopœia, the salts of morphia, become of essential service. By a cessation also from his usual avocation, by regular muscular exertion, early hours, abstemious diet, together with a dose of the acetate or muriate of morphia each night at bedtime, and as much castor-oil, confection of senna, or aloes and myrrh pill, as will keep the bowels comfortably open in the morning, the threatened attack may, in the generality of instances, be prevented, and the individual enabled ere long to return to his accustomed pursuits, warned by experience of the necessity of moderation.”—*Neville*.

“The state of the mind is closely dependent upon the condition of the cutaneous secretion. I should recommend those who are subject to mental depression, hypochondriasis, the vapors, ennui, or by whatever designation it may be termed, to try the effect of systematic bathing. I feel assured that, in many instances, violent attacks of insanity may be warded off by the use of the warm or cold bath. In cases of cerebral irritation, evidently the result of a tendency to vascular excitement, bathing the head regularly every morning with cold water, or vinegar and water, will be followed by great benefit to the health of the body, as well as the mind.”—*Winslow*.

2. “*Terreur de la damnation*.”—“I will say here one word with respect to the treatment of those imagining themselves eternally lost. Do not employ consolations, for they are useless ; do not have recourse to reasoning, it will not persuade ; be not sad with the melancholy, your sadness will nourish theirs ; do not assume an air of gaiety, they will be wounded by it. Much of *sang froid*, and when it becomes necessary, of severity. Let your reason be the guide of your conduct. One chord alone vibrates within them, that of grief—have the courage to touch it.”—*Leuret. Fragmens Psychologique sur la folie*.

In all cases such as those referred to, whether the melan-

cholic fix upon the idea of being lost as the one afflicting him, or upon some other, I can but agree with M. Leuret as to the treatment which he recommends above. If sternness be ever justifiable, it is here. In general, reasoning with the patient is the great evil to be avoided. For he is thus led to brood over the false idea too intently; and moreover, in an Asylum, it makes him appear of too much consequence in his own eyes; he is already too prone, on seeing the superior condition of his own mental faculties to those of the other patients, to disregard all means of treatment. The proper mode of management is, to treat him precisely as the rest of the patients; not to take any more particular notice of him, however rational he may be, than of the mass of his associates; and in many cases to place the individual in the worst division of patients; for you then excite the hope of getting into a better department, where no previous hope existed at all. He should also be given a set task of work, fully occupying him for some time, and the strictest propriety of conduct should be scrupulously required. This variety of insanity frequently exhibits suicidal symptoms; indeed, such a tendency is more common here than in any other form of mental disease. When so complicated, the danger of depending too much upon reasoning becomes still greater: for from the fear lest any liberty might endanger the patient's life, he is restrained in such a manner as to prevent all sort of occupation, and is merely talked with; and thus in a case in which it is most needed, as being of a different nature, employment is entirely neglected. No one need blame in such instances the evil effects of the corporeal restraint *per se*; the mere absence of employment is sufficient to account for them. When according to the views of the present day almost any case may be considered as badly managed without this, how can we expect other than the worst results, when we totally deprive an *unmanageable* case of the benefits of employment! Every possible means then should be devised to occupy such patients; we do not mean to say that the restraints ought to be given up; but

we think that in the day, at least for a time, modes of revulsion should be studiously devised, and every means ought to be used to induce the patient to engage in them regularly and steadfastly. So too in cases of melancholy, where from some reason or other, the patient refuses to eat. Besides the means recommended by Pinel, and the measures pointed out by various authors, such as leaving food with the individual, &c., he should be made to occupy himself steadily; this can be better accomplished by placing him amongst others at work, and insisting that he should do as they did. Such patients should be shown from the first, that they must accommodate their conduct strictly to the rules of the Asylum. No matter how weak the patient may be, some occupation should be devised for him. And every moral means, such as walking, riding, &c., should be tried with the utmost care, and never be stopped for a single day—however unfit the patient might appear to receive such impressions.

3. In cases of insanity and its attendant diseases, requiring the use of tonics, I have more frequently derived benefit from the sulphate of quinine and the eupatorium perfoliatum, than from any other medicine of this class. The eupatorium has not, I think, the reputation in this respect which it deserves. The quinine I have recently employed with advantage, in combination with capsicum, ten grains of the latter to two of the former, given thrice daily.